

## **CLAIMS ONLY**

**Application Number**

**Filing Date**

1017

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9	1	2				
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49						
50						
Total Indep	2					
Total Depend	7					
Total Claims	9					

* May be used for additional claims or amendments		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						